

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024949

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 4275

Registrar's No. 204

FILED JUN 25 1963

1. PLACE OF DEATH

a. COUNTY Lawrence

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN Marionville, Mo.Length of stay in 1b
12 Yrs. 8 Mo.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION The Ozark Meth. ManorInside Limits
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Jackson

c. CITY
OR
TOWN Kansas CityInside Limits
Yes ☒ No ☐d. STREET
ADDRESS (If outside, give location)
3465 E. 25th. St.Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print) Delbert

First

G.

Middle

McCombs

Last

4. DATE

Month

Day

Year

OF
DEATH

June 18, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-2-1878

9. AGE (last birthday)

85

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Erie County, Penna.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Machir J. McCombs

13b. MOTHER'S MAIDEN NAME

Mary Whipple

14. NAME OF HUSBAND OR WIFE

Mary A. Welch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Forest E. Delozier Marionville

Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

15 minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Coronary Arteriosclerosis

year

DUE TO (c)

Generalized Arteriosclerosis

year

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Arterio-sclerotic Heart Disease

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 18, 1963 to June 18, 1963 and last saw him alive on June 18, 1963

Death occurred at 6:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Ernest L. Kelsey M.D.

22b. ADDRESS

Lawrence, Mo.

22c. DATE SIGNED

June 18, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

June 20, 1963

23c. NAME OF CEMETERY OR CREMATORY

Osawatomie Cemetery

23d. LOCATION (City, town, or county)

Osawatomie, Kansas.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Bradford-Surridge, Marionville, Mo.

25. DATE RECD. BY LOCAL REG.

6-19-63

26. REGISTRAR'S SIGNATURE

Helen C. Meyer Registrar

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0550

2 3368

3

4 0

5 2

6

7 1

8 2

9 420.1

10

11

12 86-0

13 6-0

JUN 26 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

James D. Crafton

Licensed Embalmer No.

4668

P. O. Address

Aurora Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.